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ABSTRACT

This communication from one child education professional to another attempts to answer two questions. The first question deals with professional agreement on the content of early childhood training programs. The response indicates there is agreement that the recent trend towards formal academics for young children is based on a misconception because children learn most effectively through a play-oriented approach. The response further indicates that: (1) there is agreement on content areas for training of children and professionals, on those areas in which training initiatives are needed, and on the need for training for all people who work with children; and (2) there is disagreement on the particular content of these areas and initiatives, especially those concerning the role and style of caregivers' interactions with children. The second question deals with emerging new needs for training caregivers in the early childhood education field, e.g., multicultural/multilingual techniques, methods for working with children affected by AIDS and substance abuse. The response emphasizes the need for cultural sensitivity and care, and the training of providers of child care in drug treatment programs. (BC)

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To: Michael Levine
From: Ron Lally
Topic: A. Knowledge Base Issues
2. Content of Preparation and Training Programs

October 22, 1990

Do we agree on the developmentally appropriate content that should be present in early childhood preparation and training programs? What is it?

The point made in Developmentally Appropriate Practices published by NAEYC that "the recent trend towards formal academics for young children are based on a misconception about early learning and that in fact that young children learn most effectively through a concrete play oriented approach" I believe is pretty much agreed upon by most of the professionals in early childhood education.

There is also general agreement on content areas for training. Those content areas include: (1) safety, health and nutrition, (2) development of each child's competence (social and emotional development, physical development, cognitive development, language development, and creativity; (3) a third area would be the establishment of positive child, family and provider relationships; (4) effective program management; (5) promotion of professional growth and development; (6) learning environments and caregiver routines.

Additionally for those training initiatives that train directors of programs there is general agreement that training is needed in:

(1) program development and maintenance including:
- program philosophy and goals,
- policies and procedures,
- knowledge and experience,
- advocacy,
- community relations,
- fund raising,
- board relations,
- professional commitment,

(2) dealing with parents and families,

(3) program implementation including:
- fiscal management,
- record keeping,
- time management,
- decision making,
- planning and communication,

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(4) staffing which would include:
recruitment and hiring,
staff supervision,
staff relations,
staff development

(5) evaluation.

Within these areas, however, there is not general agreement on particular content, or on the interactive style through which the care of young children should take place. Most certainly there is not agreement on the training emphasis which one area should be given as opposed to another.

I do believe that the developmental milestone charts developed by NAEYC in Developmentally Appropriate Practices, the competency areas developed by the CDA Assessment System and Competency Standards and the vision statements in Visions for Infant-Toddler Care: Guidelines for Professional Caregiving developed by the California State Department of Education go a long way to bring the field to agreement on specific content.

There is also disagreement about the role to be played by someone interacting with children. A controversy pitting active teaching vs. reactive facilitation has not been resolved. Some people are training caregivers for the purpose of providing intellectual stimulation and teaching specific games, tasks, intellectual concepts and motor skills. Others define the role of the caregiver as guide or facilitator of child initiated learning. The adult is trained in a responsive stance, to be much less active in initiating activities and more respectful of the child's initiations than the teacher.

Another closely related area where there is not universal agreement is the style with which caregivers relate to children with assessed developmental deficiencies. Do caregivers work more extensively on creating rich learning environments which provoke internal motivation or do they "home in" on specific activities which if learned or mastered would give the child skills in deficient areas and expand the child's repertoire of behavior?

It seems that the field varies from training institution to training institution with regard to approach to the appropriate style of caregiving. Some institutions on one extreme, some on the other, and others mixing modes.

I believe there is a general agreement that there should be some type of generic training for all people working with children under five this group would include special educators, physicians, pre-school teachers, family day-care providers, nutritionists, home visitors, family advocates, etc. There is general agreement that these professionals need to understand and have a working knowledge of recent child development theory, the ability to work sensitively with the cultures they are serving, skills in relating to and

dealing with families, some training in understanding the skills of others professionals serving young children, and the importance of collaborative activities.

NCCIP in its Task Project has dealt with the organization of this general training notion by using the concept "domain of concern". The child, the parents, the parent-infant relationship, the child's family and the community are used as to organize training efforts. I think this strategy should be pursued.

General training is not enough however. Specific training is needed. The training of those who care for children in groups, for example, is a particularly important training area which raises unique training content issues such as attention to environments and group management. Specific training of homevisitors emphasizes other training issues such as case management and family support. There is little agreed upon curricular which blends the general and the specific.

Are there emerging new needs for training that the field is or is not prepared to handle (eg. multicultural/multilingual techniques, methods to work with children affected by AIDS and substance abuse): What materials exist, are they of high quality and widely disseminated?

I believe that the most crucial need is emerging in the area of cultural sensitivity and care. I believe that for the next ten years we will be testing the "universal truths" now part of the culture of American childcare. New materials need to be developed which will help sensitize those working with young children and their supervisors to techniques which will allow them to see their own cultural biases and become more culturally sensitive to the children and families they serve. The document most appropriate for training on this task is the Anti-Bias Curriculum by Louise Derman-Sparks.

An other area that must be dealt with directly is the training of those providing childcare for the recently created drug treatment programs. Most all of these programs are adult focused with childcare being babysitting or worse and with little attention paid to the care of the children. The people providing these services must be included in this newly emerging training dialogue and new materials need to be developed which assist with the particular care of children from this population. The people with the best information on these topics now are Sarah Simpson from the University California Los Angeles and Dan Griffith from Northwestern Hospital in Chicago.